



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MDV/162117

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**PRELIMINARY RECITALS**

Pursuant to a petition filed November 21, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Waukesha County Health and Human Services in regard to Medical Assistance (MA), a telephonic hearing was held on December 18, 2014.

The issue for determination is whether the agency correctly processed petitioner's MA application.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Petitioner's Representative:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Julie Miller

Waukesha County Health and Human Services  
514 Riverview Avenue  
Waukesha, WI 53188

**ADMINISTRATIVE LAW JUDGE:**

Kelly Cochrane  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Waukesha County.
2. On September 29, 2014 petitioner applied for MA.

3. On December 1, 2014 the agency issued a notice of decision stating that the application was denied for September-November 2014 because “you did not provide the verification requested by the agency.”

### **DISCUSSION**

MA applications received by an agency must be processed and eligibility approved or denied as soon as possible, but no later than 30 calendar days from the filing date. This includes issuing a notice of decision. See Medicaid Eligibility Handbook, §2.7.1. Further, the agency is instructed to deny the application for failure to provide information or verification if:

1. Requested information or verification is required by program policy to determine eligibility (See 20.1 Verification), **and**
2. The applicant had the power to produce the information or verification within the period, but failed to do so, **and**
3. The applicant had a minimum of 10 days to produce the verification.

Medicaid Eligibility Handbook, §2.7.1.

In this case, it appears that this timeline was not met for issuance of a notice, and no request for verification was issued. I cannot find that the agency processed this application according to policy, and so am ordering it to do so immediately.

### **CONCLUSIONS OF LAW**

The agency has not met its burden to show that it acted correctly on petitioner’s 9/29/14 application for MA.

**THEREFORE, it is**

### **ORDERED**

That the matter is remanded to the county agency with instructions to process the petitioner’s MA application as received on 9/29/14 within 10 days of the date of this Decision. Because verifications may be necessary to process the request the application completely, the completed reprocessing of the application shall be done within 30 days of the date of this decision.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

## APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 10th day of February, 2015

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\sKelly Cochrane  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on February 10, 2015.

Waukesha County Health and Human Services  
Division of Health Care Access and Accountability  
Attorney Charles Stansberry Jr.